

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		1					55		1				
6		5					56		1				
7		1					57		1				
8		4					58		1				
9		5					59		1				
10		1					60		1				
11		4					61		2				
12		5					62		2				
13		1					63	1					
14		4					64	1					
15		5					65		2				
16		1					66		2				
17		4					67		2				
18		5					68		2				
19		1					69		2				
20		1					70		2				
21		2					71		2				
22	1						72		2				
23		1					73		2				
24		2					74		2				
25		2					75	1					
26		1					76		1				
27		1					77		1				
28		2					78	1					
29		2					79	1					
30		2					80		2				
31		2					81		2				
32		2					82		2				
33		2					83						
34		2					84						
35		1					85						
36		1					86						
37		2					87						
38		2					88						
39		2					89						
40		2					90						
41		2					91						
42		2					92						
43		2					93						
44		2					94						
45		2					95						
46		2					96						
47		2					97						
48		2					98						
49	1						99						
50		1					100						
TOTAL IND.	3						TOTAL IND.	5					
TOTAL DEP.	100						TOTAL DEP.	42					
TOTAL CLAIMS	103						TOTAL CLAIMS	47					